



BAD CHECK REPORT

HAMPDEN COUNTY

DISTRICT ATTORNEY

12-1990

FILE REPORT BY MAIL TO: P. O. BOX 15209, PMB 211, SPRINGFIELD, MA 01115
(postal address only)
VICTIM HOTLINE: (888) 892-1378 • REFER CHECK WRITERS TO: (888) 692-1471

PLEASE ANSWER THE FOLLOWING QUESTIONS, PRINT ALL INFORMATION IN INK AND SIGN BELOW

1. Was check post-dated at time of acceptance? ☐ Yes ☐ No 4. Were you asked to hold or delay depositing the check (s)? ☐ Yes ☐ No
2. Was check received in the mail? ☐ Yes ☐ No 5. Was there an open line of credit or payment on the account? ☐ Yes ☐ No
3. Does this matter involve a two-party check? ☐ Yes ☐ No

A "YES" answer to any of the above questions indicates this is a CIVIL matter and is therefore ineligible for filing with the District Attorney. Please contact the nearest small claims court for instructions on how to proceed with a civil case. If all boxes were checked "NO", please complete this report, date and sign it and forward to the above mailing address.

A "Statutory Notice" MUST be sent to the check writer via U.S. Certified Mail (see sample notice on reverse side)

On what date did you send notice? _____ (please attach documentation) Certified Mail Fees: \$ _____ Return Item Fees: \$ _____

1 SUSPECT	Check writer's full name as written on check				
	Address (s)				
	City	State	Zip	Home Phone #	Other Phone #

Staple Documents Here	Driver's License #	State	Expiration date	Other ID
	How did you obtain the check writer's identification ? <input type="checkbox"/> Drivers License <input type="checkbox"/> Police Report (# _____) <input type="checkbox"/> Check Cashing <input type="checkbox"/> Other _____ Card (Attach Copy)			

2 CHECKS	Check #	Date Received	Amount	What was check for ?	Person Accepting Check	Can person ID check writer ?
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No

3 VICTIM	Victim / Firm Name			Phone	
	Victim Address			City	State Zip
	Name of person filing			Phone	
	Address where check was accepted if different from the above address				

I understand that I must **NOT** accept restitution from the check writer after filing this report with the Bad Check Program. Initial here _____

I HAVE READ ALL FILING INSTRUCTIONS, AND HEREBY CERTIFY UNDER PENALTY OF PERJURY, THAT ALL INFORMATION IN THIS REPORT IS TRUE TO THE BEST OF MY KNOWLEDGE.

Signature of Person Filing

Print Name

Date Filed

FILING THE BAD CHECK CRIME REPORT:

Victims of bad checks may file a report with the Hampden County District Attorney, provided there is sufficient information, and that the case meets all eligibility guidelines. The District Attorney's office will seek full restitution for victims wherever possible; however, please keep in mind that this office is a prosecuting agency and therefore can make no recovery guarantees. "Restitution" refers to the face value of all checks listed in the report, along with all reasonable "returned item" charges assessed by the bank (a copy of the bank NSF charge must be included).

- A. FILL OUT REPORT COMPLETELY.** Attach checks and all supporting documents such as **CERTIFIED MAIL RETURN RECEIPT OR UNDELIVERED LETTER, COPY OF "STATUTORY NOTICE", "RETURNED ITEM" NOTICES FROM THE BANK (WITH FEES).** **COPY ALL INFORMATION FOR YOUR RECORDS.**
- B.** Mail this form directly to the Hampden County Bad Check Restitution Program (address listed below).
- C.** Once a report has been filed: **ALL restitution payments must be coordinated by the District Attorney's Office.** Should the check writer contact you to make payment, direct them to the Bad Check Restitution Program at (888) 692-1471.

AFTER FILING:

- A.** If you do not receive restitution within 60 days, contact the Hampden County Bad Check Restitution Program.
- B.** If restitution is not received from the check writer, your report will be evaluated for criminal prosecution.
- C. IF PROSECUTABLE, YOU WILL NOT RECEIVE FURTHER NOTICE UNTIL THE SUSPECT HAS BEEN ARRAIGNED IN COURT.** This office will retain all checks as a matter of official record. If for some reason the report is not prosecutable, the check (s) will be returned at your request.

SAMPLE "STATUTORY NOTICE"

Date

Dear Check Writer:

You are hereby notified that a check numbered _____ in the face amount of \$_____, issued by you on _____ drawn upon _____ bank, and payable to _____, has been dishonored. Pursuant to Massachusetts law you have 2 days from receipt of this notice to tender payment of the full amount of such check plus a service charge of \$25, the total amount due being \$_____.

Unless this amount is paid in full within the time specified above, the holder of such check may turn over the dishonored check and all other available information relating to this incident to the District Attorney for criminal prosecution.

Closing,

Your name/address

MAIL BAD CHECK CRIME REPORT AND ALL OTHER CORRESPONDENCE TO:
HAMPDEN COUNTY BAD CHECK RESTITUTION PROGRAM
P. O. BOX 15209, PMB 211, SPRINGFIELD, MA 01115
www.checkprogram.com/hampdencountyma